Appendix D Provider File ISD Specifications Includes:

Exhibits D1, D2, and D3

D1= Provider Profile Record
D2= Provider File Record
D3= Service Type Values & License Cert. Indict. Values



Encounter Reporting User Manual AHCCCS Administration



Provider File Specifications

AHCCCSA produces two provider files on a monthly basis. These files are available for download from the AHCCCS FTP server. The first file is the Provider Profile (\ftp\shareinfo\provider\profile.zip) which includes all provider types, service codes, and categories of service. The second file is the Provider Record (\ftp\shareinfo\provider\provider.zip), which contains all AHCCCS registered providers, including active, terminated, and suspended providers. For each provider, the following information is included:

- Demographic data
- Provider status
- Categories of service
- Service rates
- Licenses/certifications
- Specialties
- Medicare coverage
- Restrictions
- Service/billing addresses

The record layouts for these files are provided in the accompanying tables.



Exhibit D1

Provider Profile Record Layout

\ftp\shareinfo\provider\profile.zip

JOB Name: \$AC2P540 Frequency: Monthly No. of Record Types: 3 Record Length: 80



Monthly Provider Profile Layout 80 Column Format

Header (T0)

Data Name	Picture	Actual Pos From	sitions To	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value "T0"

80 Column Format

Line (P1)

		Actual Pos	sitions	
Data Name	Picture	From	То	Remarks
			T	
Provider Type	X(2)	01	02	
Category of Service	X(2)	03	04	
Mand/Opt	X(1)	05	05	M Mandatory
				O Optional
Service From	X(11)	06	16	
Service To	X(11)	17	27	
Service Type	X(1)	28	28	B Bill Type
	, ,			H HCPCS
				P Pharmacy Item
				R Revenue Code
				S ICD9 Proc. Code
				T Therapeutic Class
				D Diagnosis Code
				X Unspecified
Begin Date	X(08)	29	36	YEARMMDD
End Date	X(08)	37	44	YEARMMDD
Place of Service	X(02)	45	46	
Procedure Modifier	X(02)	47	48	
Filler	X(30)	49	78	
Record Type	X(2)	79	80	

80 Column Format

Trailer (T9)

		Actual Positions		
Data Name	Picture	From	То	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value "T9"



Exhibit D2

Monthly Provider File Record Layout

\ftp\shareinfo\provider\provider.zip

JOB Name: \$AC2P540 Frequency: Monthly No. of Record Types: 14 Record Length: 80



Monthly Provider File Record Layout 80 Column Format

Header (T0)

Header (T0)					One Per File
Data Name	Picture	Actual F	Positions	Remarks	
		From	То		
Filler	X(12)	01	12		
Date Created	X(05)	13	17	YYDDD	
Filler	X(61)	18	78		
Record Type	X(02)	79	80	"T0"	

80 Column Format

Demographic (P1)

One Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Provider Name	X(25)	07	31	
Provider Type	X(02)	32	33	See Appendix B
IHS Indicator	X(01)	34	34	Y or N
Filler	X(44)	35	78	
Record Type	X(02)	79	80	"P1"

80 Column Format

Provider Enrollment Status(P2)

One to Many Per Provider

Data Name	Picture	Actual P	ositions	Remarks	Sort Sequence
		From	То		
Provider ID	X(06)	01	06		1
Provider Status Type	X(01)	07	07	A = Active P = Pended T = Terminated S = Suspended D = Denied	
Provider Status	X(02)	08	09		
Begin Date	X(08)	10	17	YEARMMDD	2
End Date	X(08)	18	25	YEARMMDD	
Replacement Provider ID	X(06)	26	31		
Filler	X(47)	32	78		
Record Type	X(02)	79	80	"P2"	



Monthly Provider File Record Layout

80 Column Format

Category of Service (P3)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Category of Service	X(02)	07	08	See Appendix A
Begin Date	X(08)	09	16	YEARMMDD
End Date	X(08)	17	24	YEARMMDD
Filler	X(54)	25	78	
Record Type	X(02)	79	80	"P3"

80 Column Format

Payment Rate (P4)

Zero to Many Per Provider

rayment Nate (r4)					
Data Name	Picture	Actual	Positions	Remarks	
		From	То		
Provider ID	X(06)	01	06		
Service Type	X(01)	07	07	See Exhibit D2	
Service From	X(11)	80	18		
Service To	X(11)	19	29		
County	X(02)	30	31	See Appendix A	
CRN Date	X(08)	32	39	YEARMMDD	
Begin Date	X(08)	40	47	YEARMMDD	
End Date	X(08)	48	55	YEARMMDD	
Rate Schedule	X(03)	56	58		
Payment Type Values	X(01)	59	59	A = Amount; Payment format is 9(7)V99 or P = Percent; Payment format is 9V9999	
Amount	9(07)v(04)	60	70		
Place of Service	X(02)	71	72		
Procedure Modifier	X(02)	73	74		
Filler	X(04)	75	78		
Record Type	X(02)	79	80	"P4"	

80 Column Format

License (P5)

Zero to Many Per Provider

<u> </u>				Edio to many i oi i iovidoi
Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Agency	X(03)	07	09	
License ID	X(15)	10	24	
License Cert Ind	X(02)	25	26	See Exhibit D2
Begin Date	X(08)	27	34	YEARMMDD
End Date	X(08)	35	42	YEARMMDD
Filler	X(35)	47	78	
Record Type	X(02)	79	80	"P5"

X(53)

X(02)

Specialty (P6)

Filler

Record Type



Zero to Many Per Provider

Monthly Provider File Record Layout 80 Column Format

Data Name	Picture	Actual F	Positions	Remarks
		From	То	
Provider ID	X(06)	01	06	
Specialty	X(03)	07	09	
Begin Date	X(08)	10	17	YEARMMDD
End Date	X(08)	18	25	YEARMMDD

80 Column Format

80

"P6"

79

Medicare (P7) **Zero to Many Per Provider**

Data Name	Picture	Actual I	Actual Positions	
		From	То	
Provider ID	X(06)	01	06	
Medicare Coverage	X(01)	07	07	A or B
Medicare ID	X(10)	08	17	
Carrier ID	X(05)	18	22	
Intermediary Code	X(05)	23	27	
Begin Date	X(08)	28	35	YEARMMDD
End Date	X(08)	36	43	YEARMMDD
Filler	X(35)	44	78	
Record Type	X(02)	79	80	"P7"

80 Column Format

Restriction (P8) Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks	
		From	То		
Provider ID	X(06)	01	06		
Service Type	X(01)	07	07	See Exhibit D2	
Service From	X(11)	08	18		
Service To	X(11)	19	29		
Begin Date	X(08)	30	37	YEARMMDD	
End Date	X(08)	38	45	YEARMMDD	
Restriction Type	X(02)	46	47		
Agency ID	X(03)	48	50		
Filler	X(28)	51	78		
Record Type	X(02)	79	80	"P8"	

Monthly Provider File Record Layout



Monthly Provider File Record Layout 80 Column Format

Group Affiliation (P9)

Zero	tο	Many	, Par	Pro	wider
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Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Group ID	X(06)	07	12	
Affiliation Begin				
Date	X(08)	13	20	YEARMMDD
Affiliation End Date				YEARMMDD
	X(08)	21	28	99999999 if no end date
Filler	X(50)	29	78	
Record Type	X(02)	79	80	"P9"

80 Column Format

Address (R1)

Zero to Many Per Provider

1 10 0 1 0 0 0 (1 1 1)				
Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Address Type	X(01)	07	07	C = Correspondence Address P = Pay to Address S = Service Address
Locator Code	X(02)	08	09	
Str - 1	X(25)	10	34	
Str - 2	X(25)	35	59	
Beg Date	X(08)	60	67	YEARMMDD
End Date	X(08)	68	75	YEARMMDD
Addr1 Filler	X(03)	76	78	
Record Type	X(02)	79	80	"R1"



Monthly Provider File Record Layout

80 Column Format

Address (R2) **Zero to Many Per Provider**

Address (IVE)	Zero to many ref riovide				
Data Name	Picture	Actual Positions		Remarks	Sort
					Sequence
		From	То		
Provider ID	X(06)	01	06		1
Addr-Typ-2	X(01)	07	07	C = Correspondence Address	2
				P = Pay to Address	
				S = Service Address	
Loc-Code-2	X(02)	80	09		
Pay-Loc-Code	X(02)	10	11		
City	X(25)	12	36		
County	X(02)	37	38	See Appendix A	
State	X(02)	39	40		
Zip	X(09)	41	49		
Country	X(02)	50	51	01 = USA	
				02 = Mexico	
				03 = Canada	
				99 = Other	
Business Phone	X(10)	52	61		
Emergency	X(10)	62	71		
Phone					
Addr2 Filler	X(07)	72	78		
Record Type	X(02)	79	80	"R2"	

80 Column Format

Address (R3) **Zero to Many Per Provider**

7 10:0:: 0 0 (: 10)				
Data Name	Picture	Actual Positions		Remarks
		From	То	
Provider ID	X(06)	01	06	
Addr-Typ-3	X(01)	07	07	C = Correspondence Address P = Pay to Address S = Service Address
Loc-Code-3	X(02)	08	09	
Tax ID	X(20)	10	29	
Attn	X(25)	30	54	
Addr3-Filler	X(24)	55	78	
Record Type	X(02)	79	80	"R3"



Monthly Provider File Record Layout 80 Column Format

Trailer (T9)

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	ne	Per	Ю

110				
Data Name	Picture	Actual Positions		Remarks
		From	То	
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Total Records	9(10)	18	27	
Total Providers	9(06)	28	33	
Filler	X(45)	34	78	
Record Type	X(02)	79	80	"T9"



Exhibit D3

Service Type Values License Certification Indicator Values



Service Type Values

Service-Type Values:			
В	=	Bill Type	
Р	II	Pharmacy Items	
R	=	Revenue Code	
Н	=	HCPCS Procedure	
D	=	Diagnosis Code	
S	=	ICD 9 Procedure	
Т	=	Therapeutic Class	

License Certification Indicator Values

Lice	License Certification Indicator Values			
L	II	License		
С	=	Certification		
C1	=	CLIA Registration		
C2	=	CLIA Regular Certification		
C3	=	CLIA Certification Accreditation		
C4	=	CLIA Waiver		
C5	=	CLIA Microscopy		